

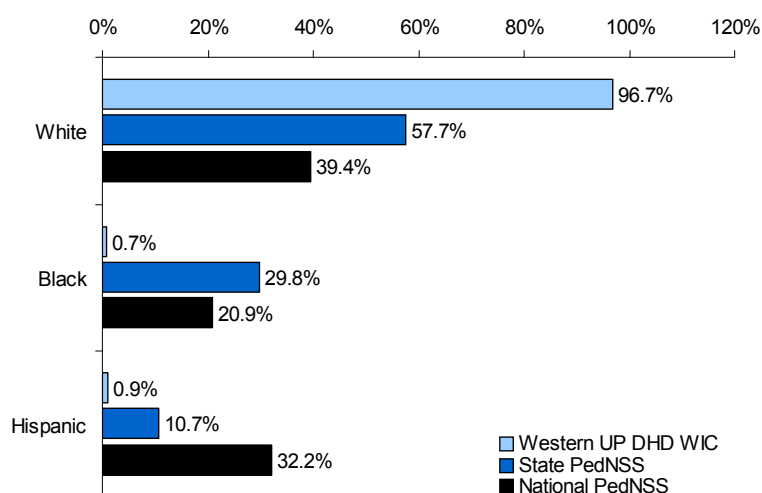
2003 WIC Local Agency Pediatric Nutrition Surveillance System (PedNSS) Report

The goal of Michigan WIC is to improve the health outcome of low income nutritionally at-risk women and children by providing supplemental nutritious foods, offering nutrition education/counseling, breastfeeding support, and referral to other health and social services. This report is developed to provide specific local information regarding the health and nutritional status of WIC participants. In order to provide local statistics stratified by age and race/ethnicity, three-year averages were calculated for each health indicator. Consequently, point estimates represent the incidence or prevalence of an indicator between the years 2001 and 2003. Trends were constructed using rolling averages and cover the period between 1998 and 2003.

Western Upper Peninsula District Health Department (Western UP DHD) provides WIC services in five counties: Baraga, Gogebic, Houghton, Keweenaw, and Ontonagon counties. An estimated 5.1% of the residents in the five-county area were under the age of five years old, according to 2000 Census data. 2000 Census statistics also revealed that one in five residents under the age of five years old (22.8%) lived below poverty. Western UP DHD served 1,658 infants and children served by Michigan WIC in 2003. PedNSS statistics for WIC infants and children under the age of five years old served by Western UP DHD revealed:

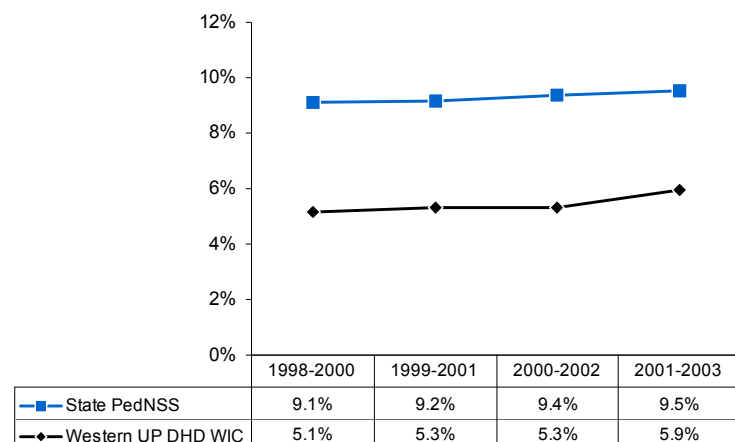
- 5.9% of infants were low birthweight, but 12.5% were high birthweight;
- The prevalence of short stature among infants and children of Western UP DHD was slightly lower than that of state WIC participants: 6.1% compared to 7.2%;
- The prevalence of underweight was 4.0%;
- 13.1% of participants two to five years old were at risk of overweight and 9.2% were overweight;
- The prevalence of iron deficiency anemia was 5.0%;
- 60.6% of infants in Western UP DHD were ever breastfed and 20.4% were breastfed to six months of age.

Figure 1. **Racial/ethnic distribution** among infants and children under five years old, 2001-2003 PedNSS



The vast majority (96.7%) of Western UP DHD infants and children under five years old were non-Hispanic White. Consequently, this report will not show statistics for health/nutritional indicators stratified by race/ethnicity.

Figure 2. Local and state trends in **low birthweight*** among infants in the Western UP DHD WIC Agency, 1998-2003 MI PedNSS



Between 1998 and 2003, the incidence of low birthweight in Western UP DHD increased approximately, 5.0% per year.

*Low birthweight is defined as having a birthweight less than 2500 grams (5lbs 9 oz) regardless of gestational age.

Figure 3. Local and state trends in **ever breastfed** among infants in Western UP DHD, 1998-2003 PedNSS

Between 1998 and 2003, the prevalence of infants ever breastfed increased by an average of 3.0% per year in Western UP DHD .

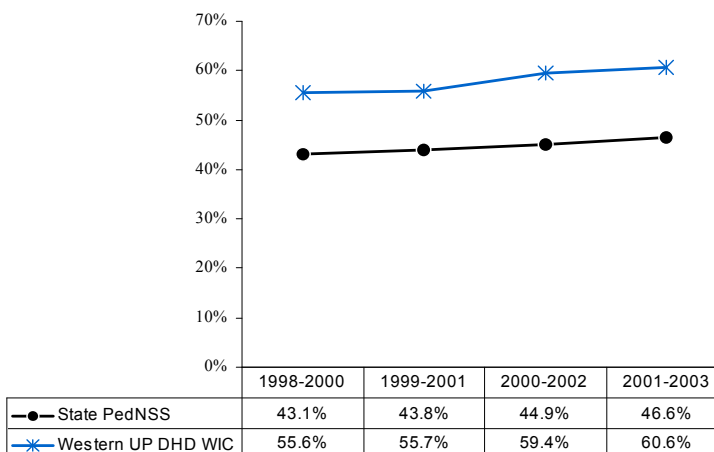
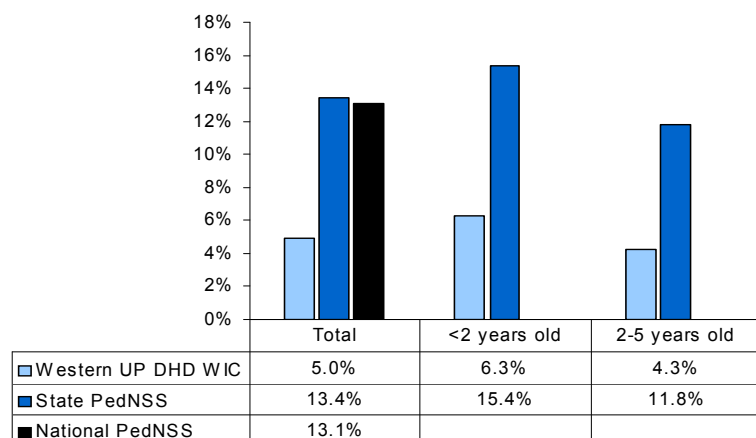


Figure 4. Average prevalence of **iron deficiency anemia*** by age among infants and children under five years old, 2001-2003 PedNSS

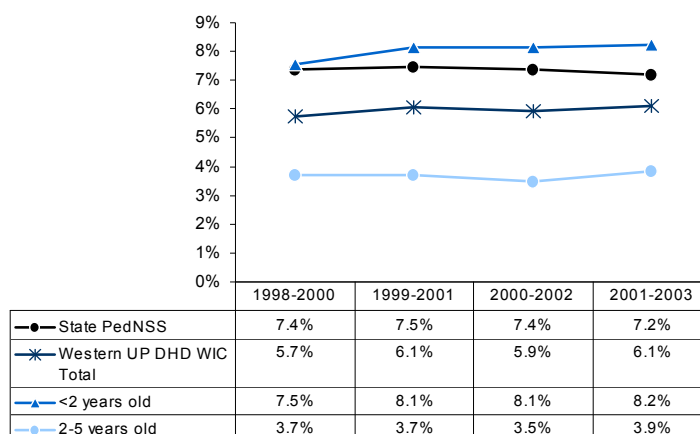


The prevalence of iron deficiency anemia among infants and children under five years old of Western UP DHD was less than half that of state WIC participants for both age groups.

*For infants under the age of one year, iron deficiency anemia is defined as having either a hemoglobin concentration of 11.0 g/dL or a hematocrit level of less than 33%. For children two to five years old, iron deficiency anemia is defined as having either a hemoglobin concentration less than 11.1 g/dL or a hematocrit level below 33.3%.

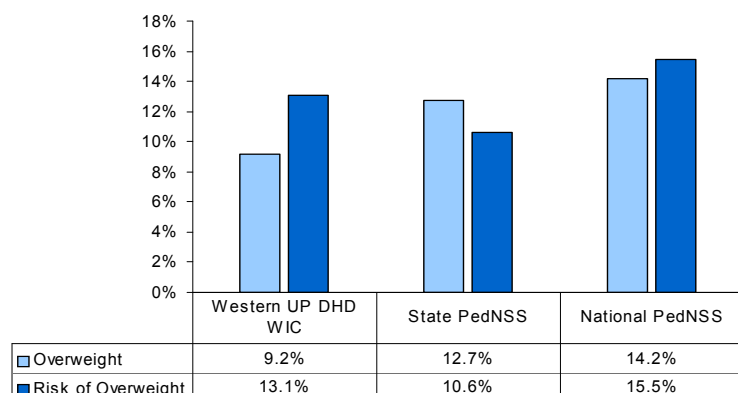
Only the prevalence of short stature among Western UP DHD WIC infants and children under the age of two years old were above the state prevalence of short stature.

Figure 5. Trend in **short stature*** by age group among infants and children under five years old, 1998-2003 MI PedNSS



*Short stature is defined as having a height-for-age below the 5th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

Figure 6. State and local average prevalences of **overweight*** and **risk of overweight**** among children two to five years old, 2001-2003 PedNSS



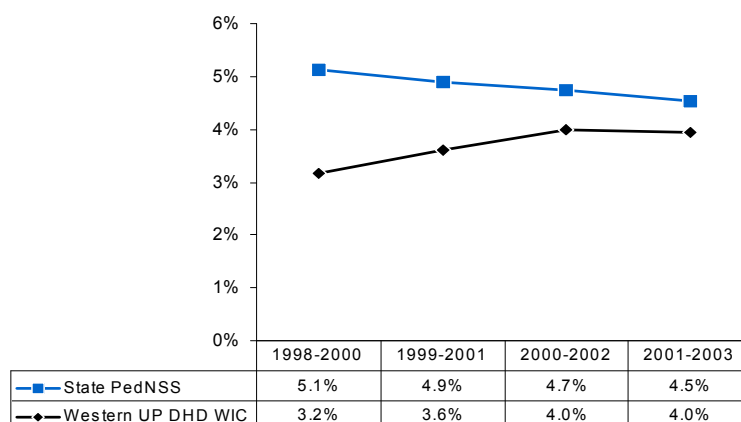
The prevalence of overweight among children two to five years old was lower for children in Western UP DHD than their state and national peers: 9.2% compared to 12.7 and 14.2%, respectively.

*Overweight is defined as having a weight-for-height greater than the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

**Risk of overweight is defined as having a weight-for-height between the 85th and the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

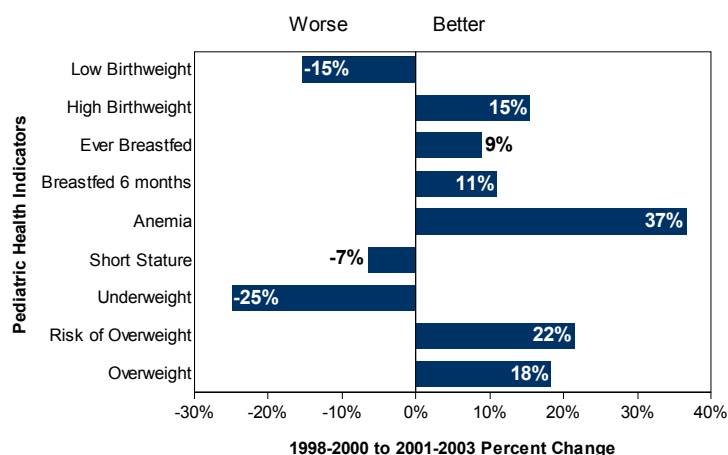
The prevalence of underweight in Western UP DHD rose by an average of 7.9% per years since 1998.

Figure 7. Local and state trends in **underweight*** among infants and children under five years old, 1998-2003 PedNSS



*Underweight is defined as having a weight-for-height less than the 5th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

Figure 8. Pediatric **health progress review** for Western UP DHD WIC infants and children under five years old, 1998-2000 and 2001-2003 MI PedNSS



All but three health and nutritional indicators improved in Western UP DHD. In 2001-2003 iron deficiency anemia decreased by over one-third its 1998-2000 prevalence.



Jennifer M. Granholm, Governor

Janet Olszewski, Director

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Michigan Department of Community Health

WIC Program

Mission Statement

The mission of the Michigan WIC program is to improve the health outcomes and quality of life for eligible women, infants, and children by providing nutritious food, nutrition education, breastfeeding promotion, and support and referrals to health and other services. To this end:

- Delivery of services and supports are to be provided in a caring, respectful, efficient, and cost effective manner.
- Delivery of services shall be provided in a culturally competent and confidential manner.
- The WIC Program shall assure the broadest possible access to services, supports, and food.